

FIG. 1

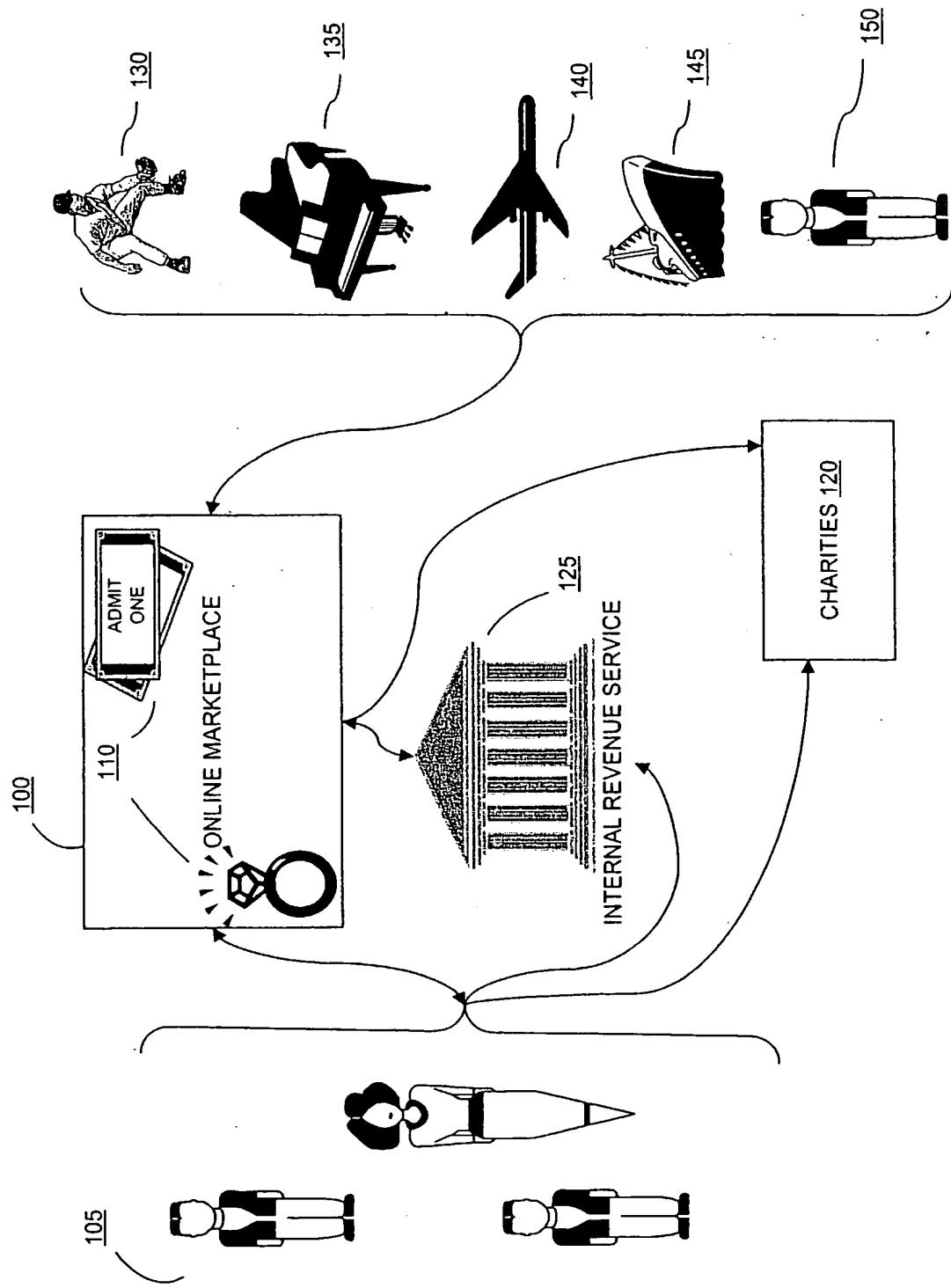


FIG. 2

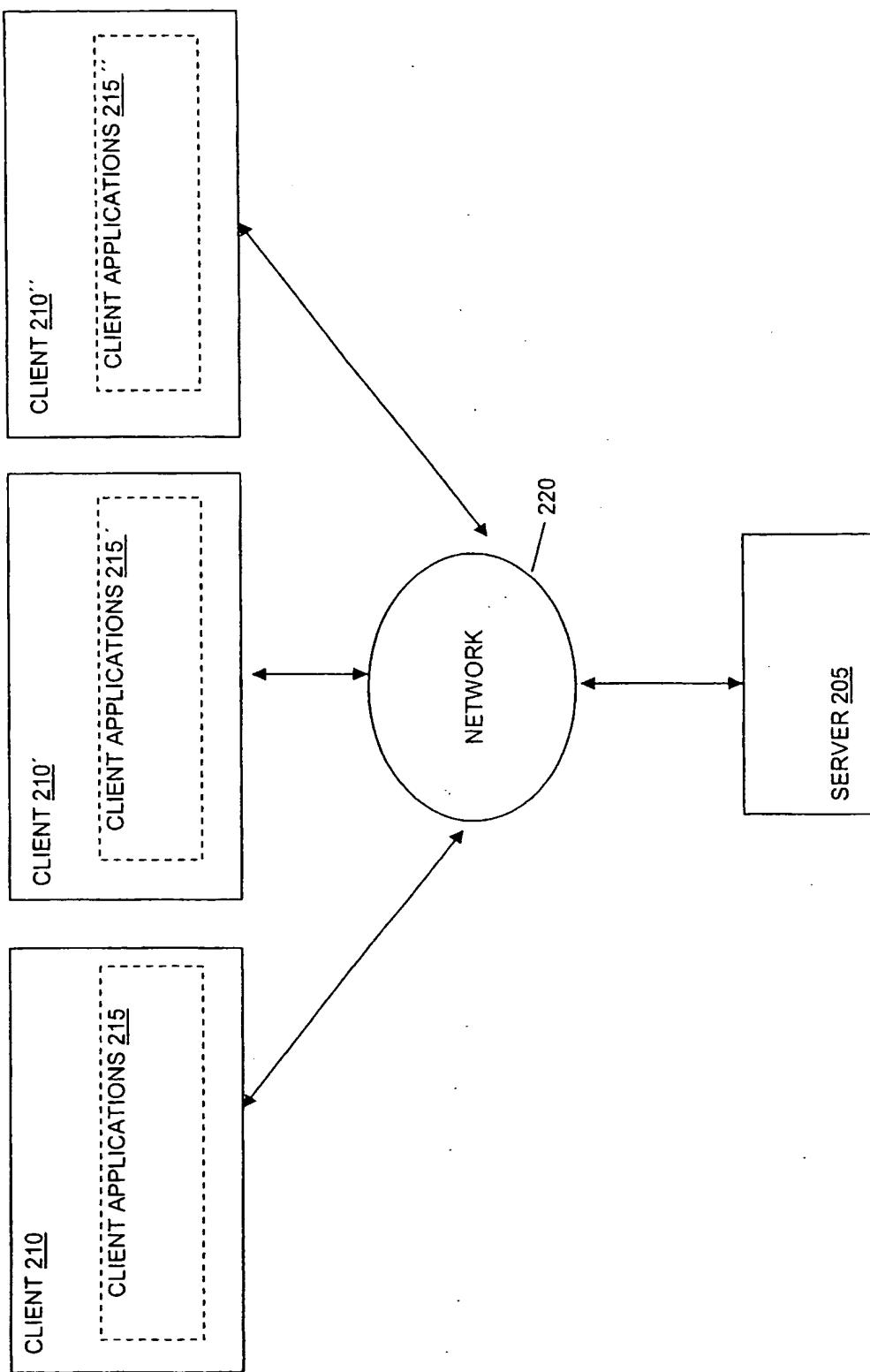


FIG. 3

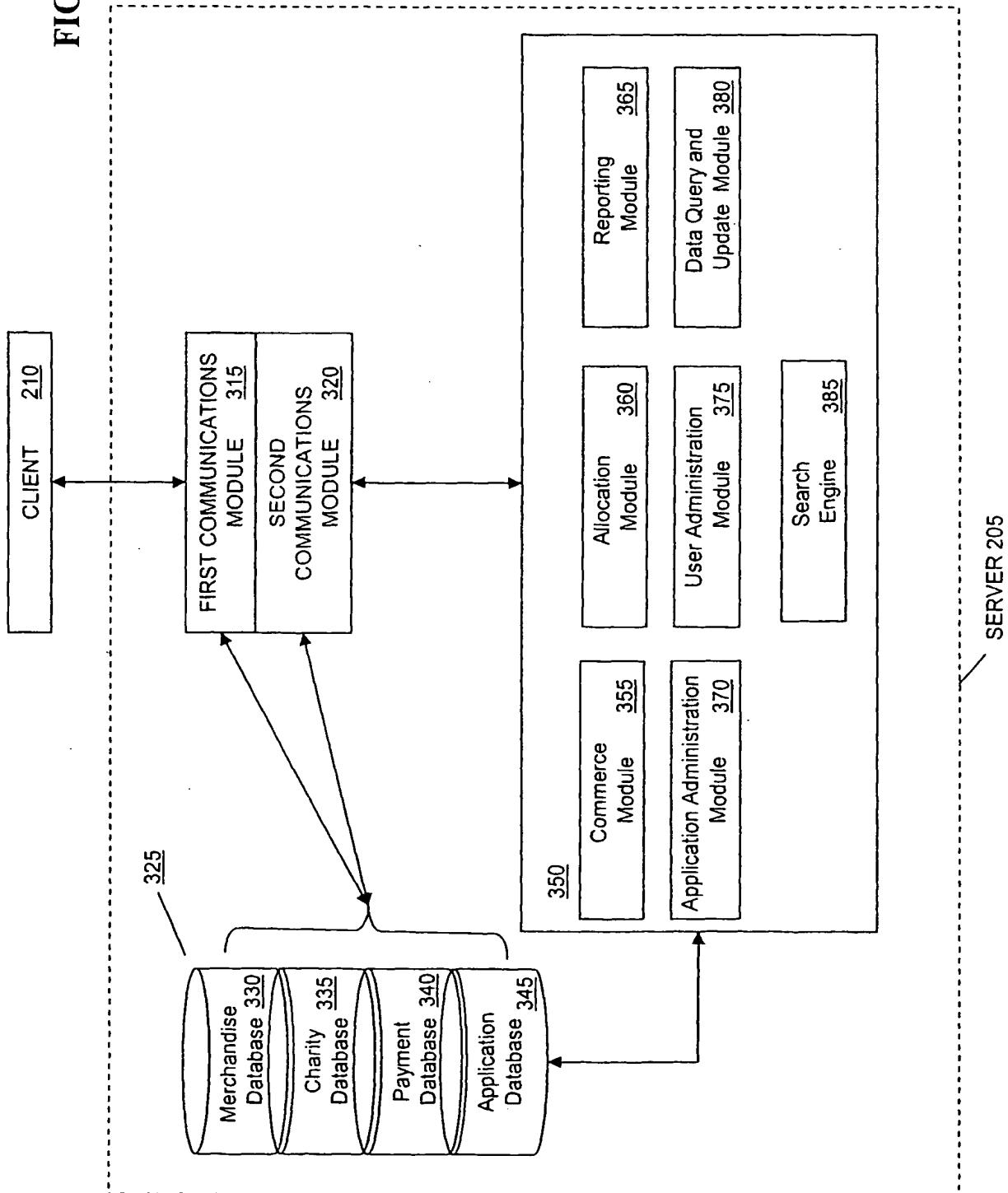


FIG. 4

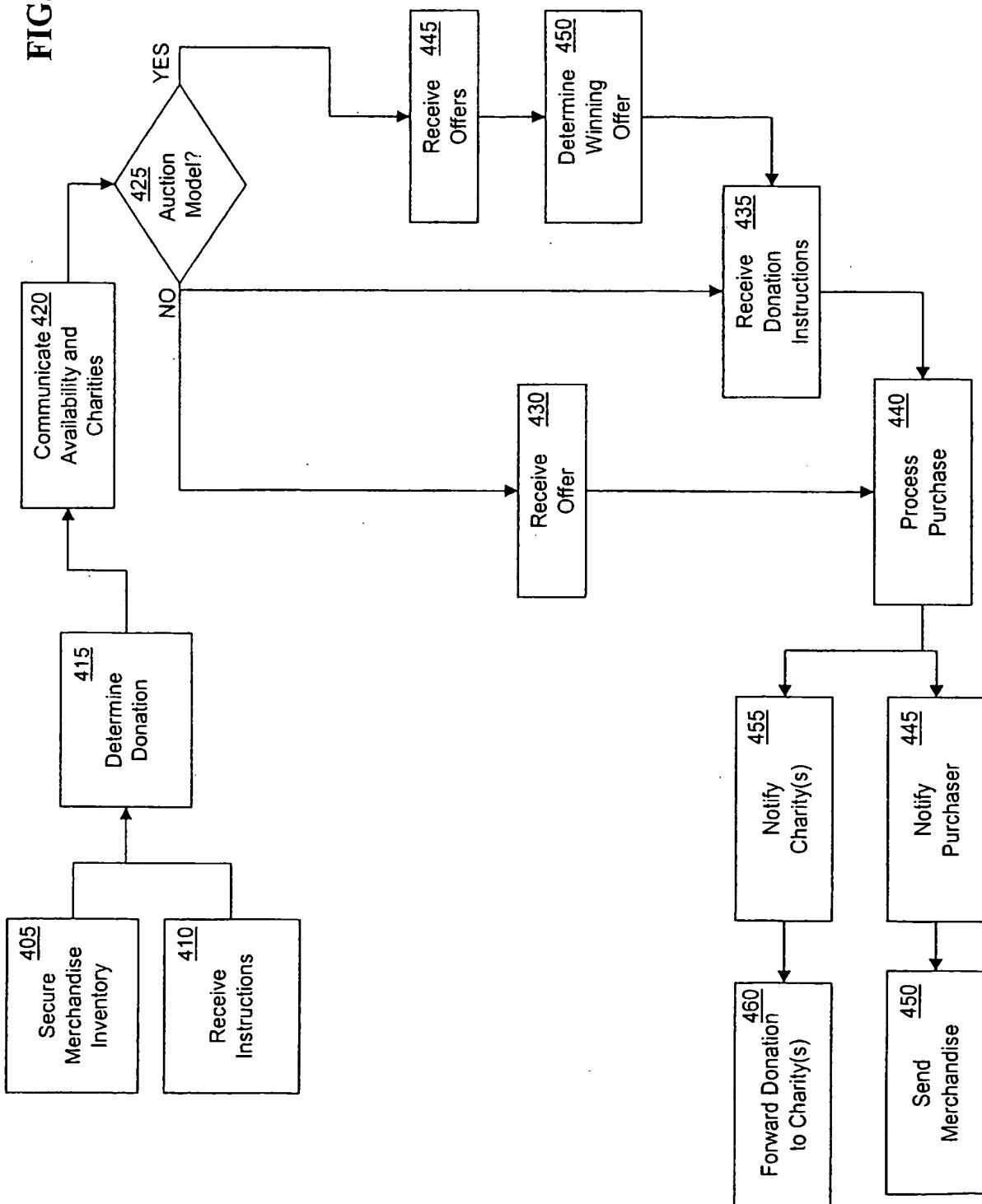


FIG. 5

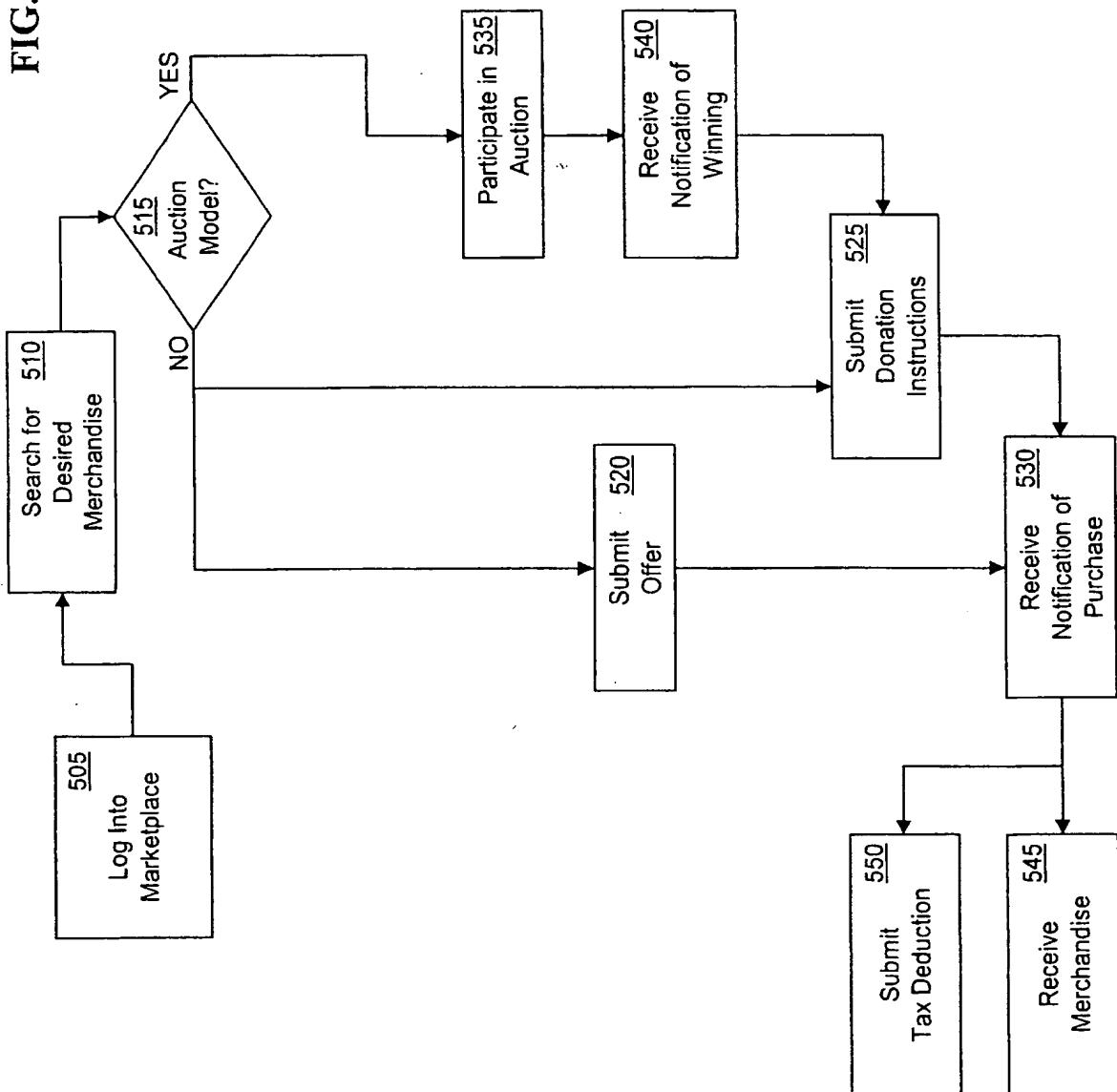


FIG.

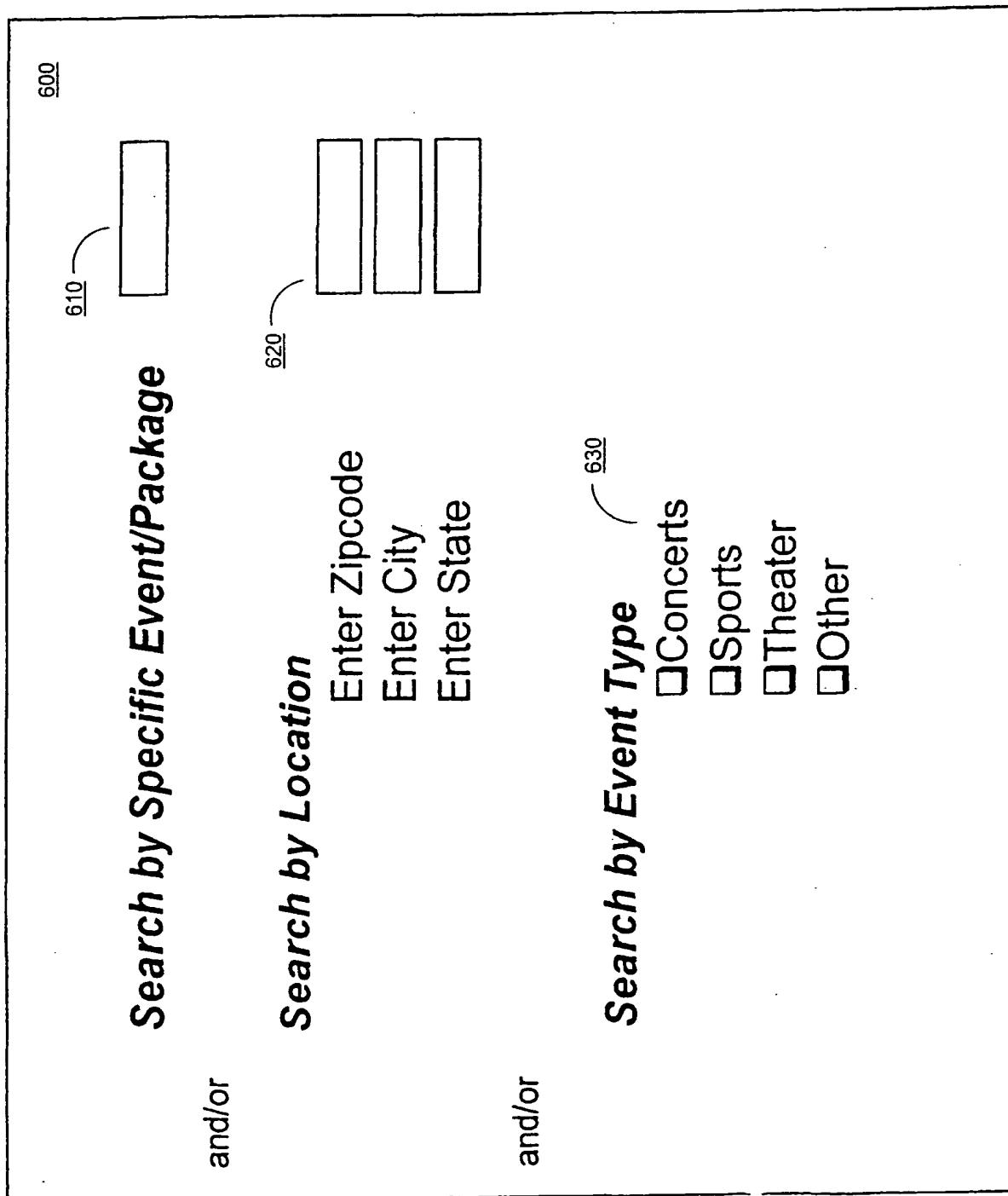


FIG. 7

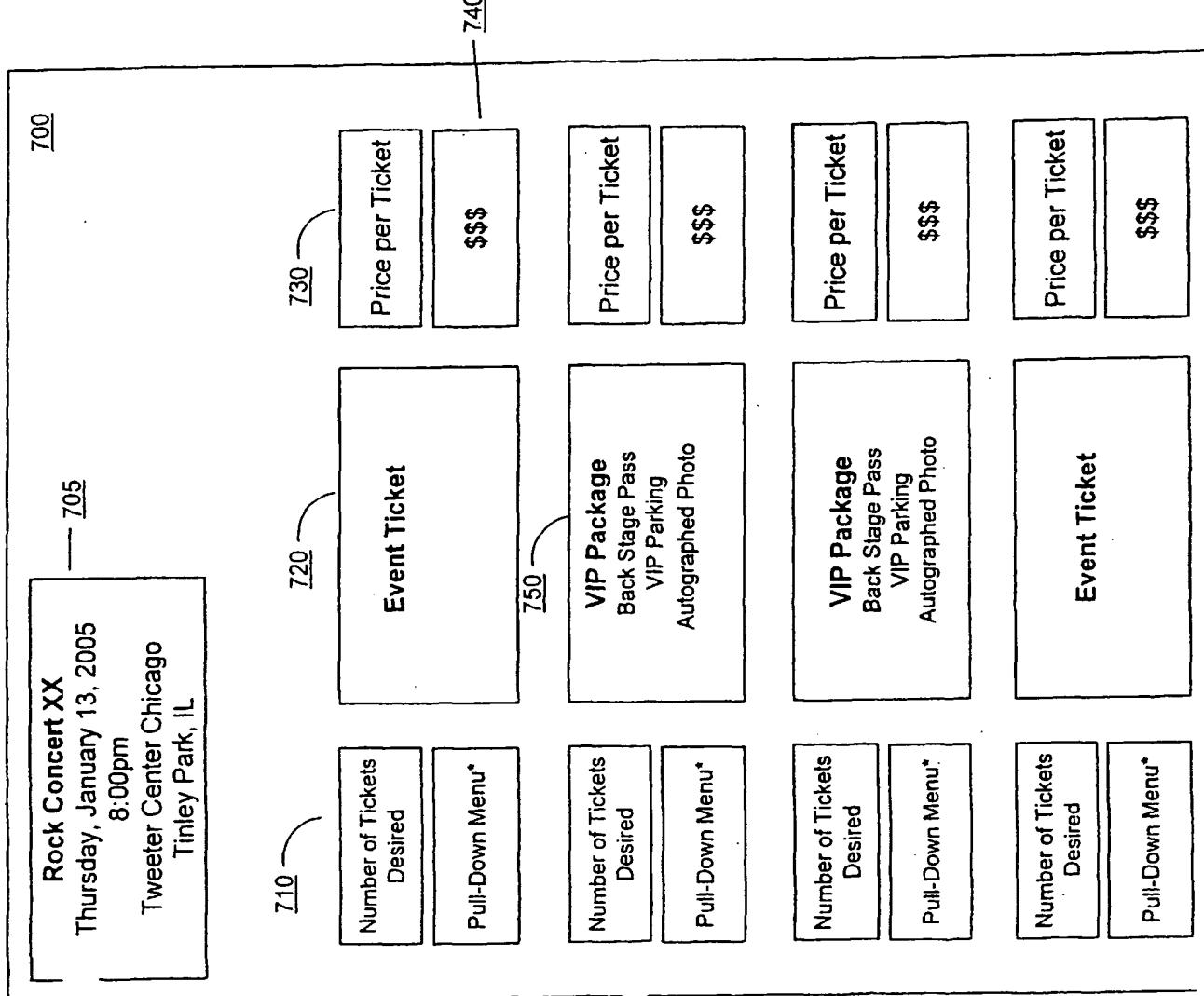


FIG. 8

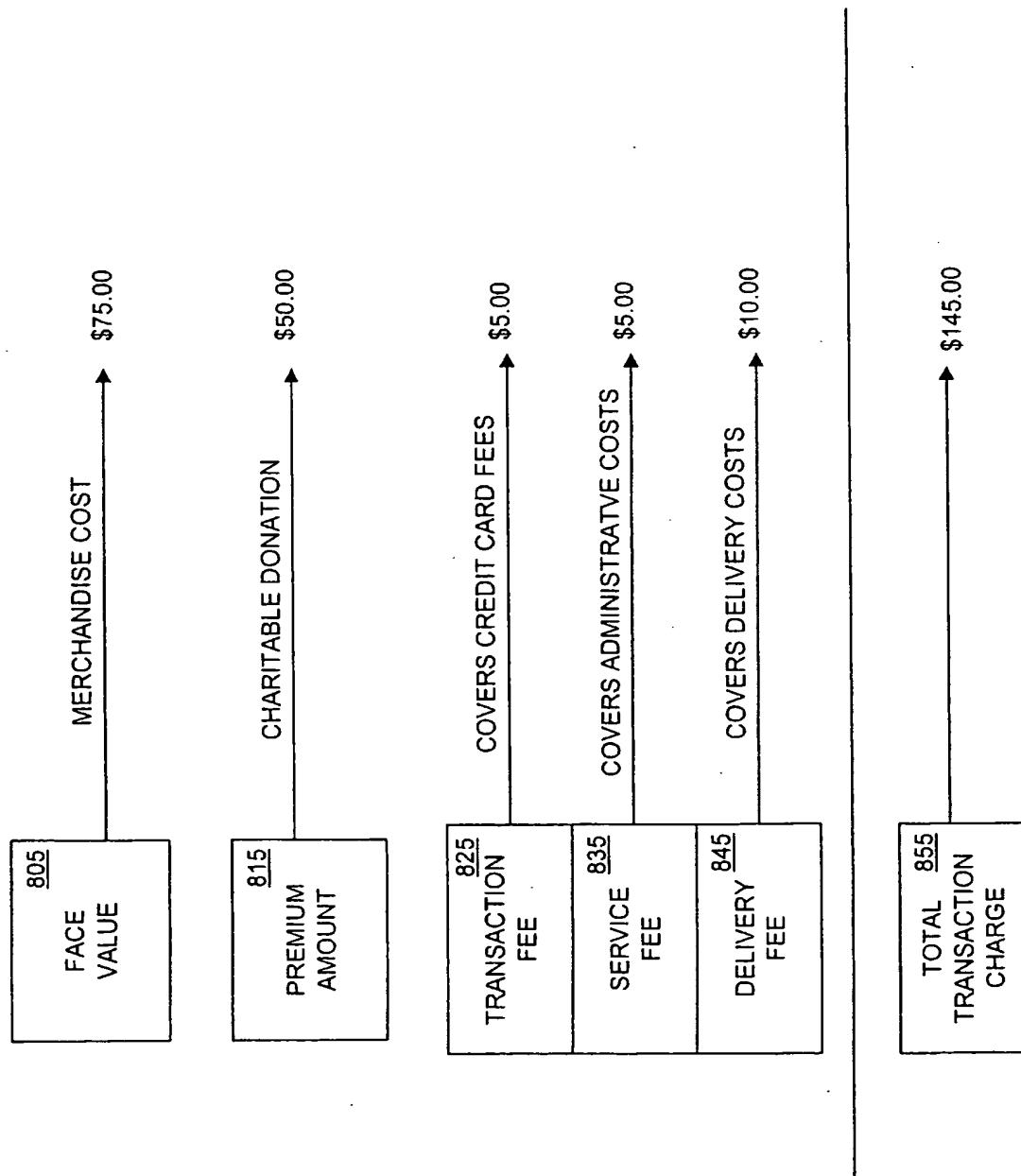


FIG. 9

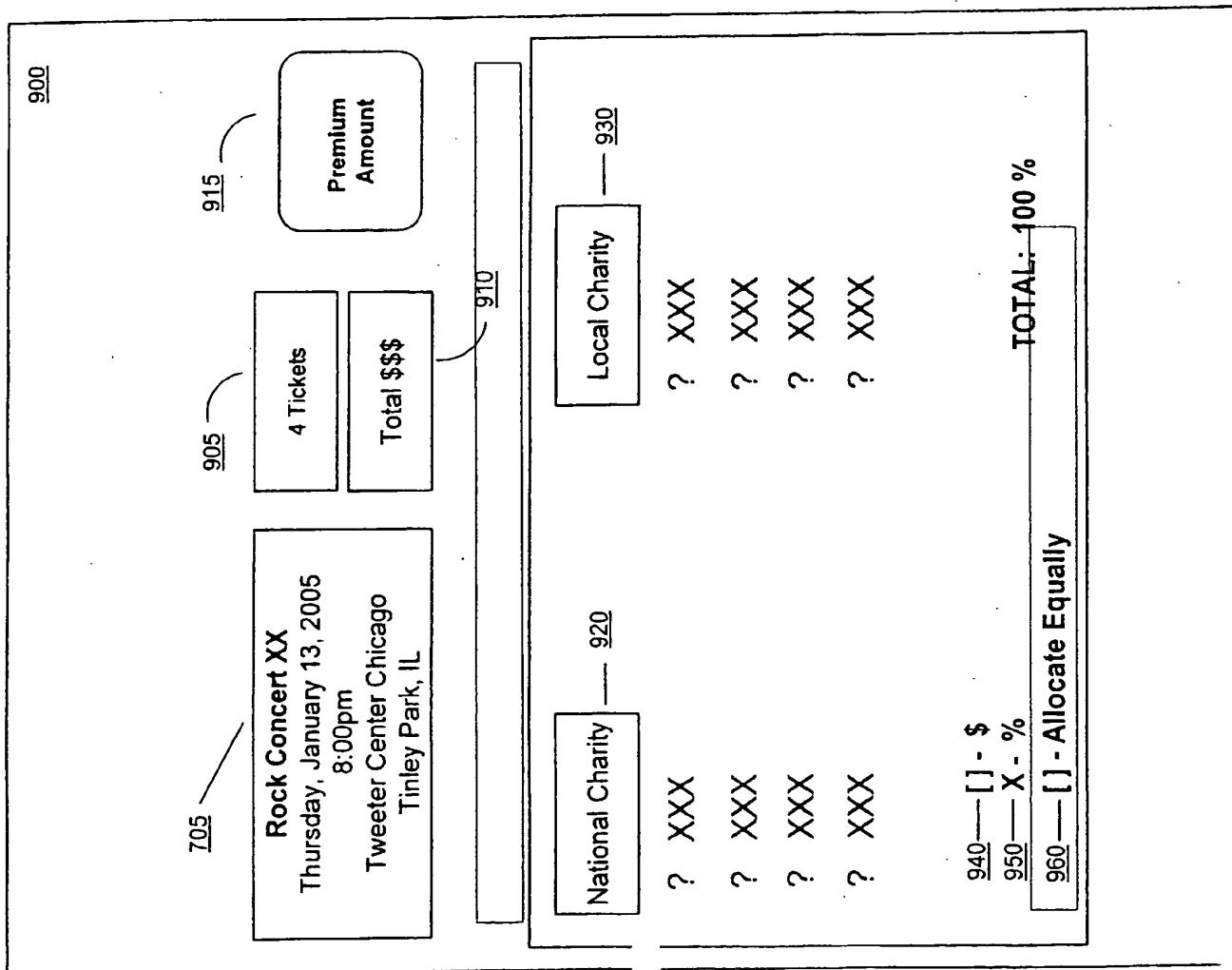


FIG. 10

1000

Please select preferred ticket delivery method:

Will Call \$XXX
 Standard Mail \$XXX
 Overnight Mail \$XXX
 Email/ Print \$XXX

1015

Order Review

Tickets
 Charges/ Fees
 Charity Donations

- Charity 1
- Charity 2
- Charity 3

Total Charges

1020

Billing Information

• Billing address
• Credit Card Type American Express
• Credit Card Number

FIG. 11

1100

Name of Charitable Organization — 1105
Address

Donor Name — 1110
Donor Address

Dear XXXX

Thank you for your contribution of Premium
Amount.

✓ 1115
✓ 1120

Please keep this written acknowledgment of
your donation for your tax records. Tax laws
require us to estimate the value of goods and
services, if any, that have been rendered to
you in return for your contribution, and to
remind you that your contribution is deductible
only to the extent that it exceeds what we have
provided.

Thank you for your continuing support.

Donation amount: Premium Amount
Value of goods or services provided in return:
Ticket Face Value

BANKING TRANSACTION PROCESS FLOW

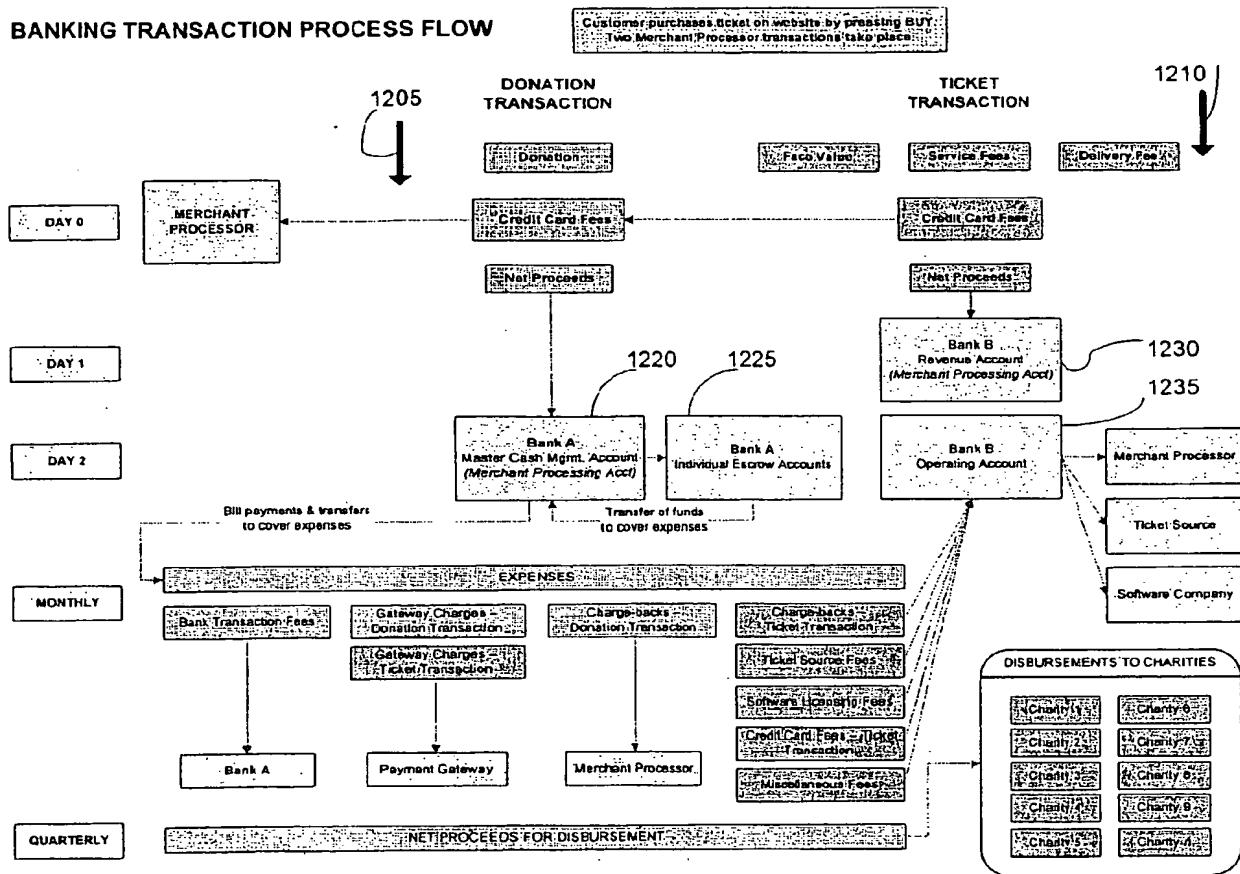


FIG. 12